


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002458

1. Entity Name
TERRACE XV AT LAKESIDE GREENS ASSOCIATION, INC.



Principal Place of Business
**TROPICAL ISLES MGMT SVCS INC
 12734 KENWOOD LANE, SUITE 49
 FORT MYERS, FL 33907**

Mailing Address
**TROPICAL ISLES MGMT SVCS INC
 12734 KENWOOD LANE, SUITE 49
 FORT MYERS, FL 33907**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1221761

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROEDDING, DON
 C/O TROPICAL ISLES MANAGEMENT SERVICES INC
 12734 KENWOOD LANE, SUITE 49
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRISON, RONALD	
STREET ADDRESS	10350 WASHINGTON PALM WAY SUITE 4244	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, MURRAY	
STREET ADDRESS	10350 WASHINGTON PALM WAY SUITE 4231	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	P	<input type="checkbox"/> Delete
NAME	REINKLE, THOMAS	
STREET ADDRESS	10350 WASHING TONIC PALM WAY	
CITY-ST-ZIP	FT MYERS, FL 33966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000853873	
STREET ADDRESS	03/26/08-80086-007 61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.C. Morrison **2/23/08** **905-464-5887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #